	٠.	1	ROE	(Column	LEU - PAF	रा ।				·	KC	601.05
١.	٠.	6ASIC FEE (37 CFR 1.16(a))		NUMBER FILED		(Column 2) NUMBER EXTRA		SMALL ENTITY		OF	OT SM/	HER THAN ALL ENTITY
P	Ψ	(37 CFR 1.16(c))	6	( minus 20 ≈				RATE	FE S_		RATE	Ff
		MULTIPLE DEPENDENT CLANAPORCE				-		x s <u>25</u>		OR OR	x s <u>50</u> .	S
-	.	· II the difference	in column 1 is le	RESENT .	(37 CFR 1.	16(0))		+5.180		OR OR	x s 200	1
			CLAIMS AS	AMENDE	ED - PART			TOTAL		OR	TOTAL	
	1	ENTA	(Column 1 CLAIMS REMAININ AFTER		(Colum HIGHE	nn 2). (Colum		SMALL	ENTITY	OR	ОТНЕ	R THAN
٠.		Total (31 CFR 1.16(c))  Independent (31 CFR 1.16(b))	AMENOME	Minus	PREVIOU PAID E	ISLY EXTO		RATE	ADDI- TIONAL FEE		RATE	ADD TIONAL
		FIRST PRESEN	37 CFR 1.16(dj)	] [×	x s 100 = + s 180 =			× 5 <u>50</u> = 1	FEI			
	8	T	(Column 1) CLAIMS	(Cal)			. A0	S 100=		OR OR	+ s360.	
j	ENDMENT	1	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	00000		RATE	ADOI-		OO'L FEE	
	AMENC		•			= .		25.	TIONAL FEE	OR X	50 <sub>=</sub>	ADDI TIONAL FEE
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1	OMENT C		REMAINING HIC AFTER NU			EST PRESENT		T. FEE		TOT		<u>:</u>
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-	दें ॄ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))						$0_{\underline{a}}$	1	DR ks	00	
Į,	1) • 1) ••• 1) •••	the entry in column the "Highest Numb the "Highest Numbe e"Highest Numbe ction of information	JATOT		. 0	TOTAL	PO <sub>E</sub>					
This	colle	ction of information	C Previously Paid	FOC TOGI	or Independent	less than J. ente		•				

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For Total or Independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is foliated including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS